

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AB</i>		<i>03/20/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>49</i>	<i>3/30/00</i>
FORMALITY REVIEW		<i>71634</i>	<i>5/25/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/13/03
2	7/22/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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